CPR-SS 05-01

## CANDIDATE'S REPORT OF RECEIPTS AND DISBURSEMENTS

OFFICE USE ONLY

DATE STAMP

Name of Candi	date Cory Wilso	n				Divice Office	
Address 107 Persimmon Place			County				
Telephone 601-212-		'48	(Fax)				
Contact Name				Email Address	corytwilson@co	mcast.net	
Office Sought	District CC		Political Party				
☐ Check h	nere if above is di	ferent from pre	viou	s report			
_		т	YPE	OF REPORT			
	Annual I	Report	(Ja	nuary 1, 2008 throu	gh December 3	1, 2008) Mandatory	
			I	MPORTANT			
indicating "0" (2 2) Until a candidate (b)(ii)and(iii).  3) The appropriate or a holiday, the	Zero) for total amount e files a termination re office must be in actu e office must be in actu	of reported contril port, annual and p al receipt of the re	oution eriodi quirec	s and expenditures during c reports must still be file I reports by 5:00 p.m. on t	of this period.  If in accordance with  the reporting day, If i	indidate shall submit a report  Miss. Code Ann. \$23-15-807  the deadline falls on a weekend before the deadline. Faxed	
reports are acce 4) Contributions in FAX or otherwis	excess of \$200 receiv	ed after the report ne contribution. Us	ing pe e sepa	riod but before 12:01 a.m rate form "48 Hour Repor	o. on the day of the el	ection must be reported by ivity.	
	REPO	RTED CONTR	IBU	TIONS AND DISB	URSEMENTS		
		Itemized	+	Non - Itemized	This Period	+ Calendar year-to-date	
Total amount of c	ontributions	\$0.00	+	\$157.94	\$157.94	\$157.94	
Total amount of d	isbursements	\$350.00	+	\$297.00	\$647.00	\$576.00	
	Tot	al amount of	ash	on hand	\$20,549.18		
I certify t	that I have examined	this report and to t	he be:	st of my knowledge and b	elief it is true, accura	ate, and complete.	
E	lectronic Signat	ure on file wit	h Mi	ssissippi SOS Offic	e		
on line filer					1/30/2009		
(5	Signature of Can	didate)			(Da	te)	

Authority: Refer to Miss.Code Ann. \$23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadline, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann.\$\$ 23-15-811 and 813(1972).

SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to DELBERT HOSEMANN, Secretary of State, 401 Mississippi Street, Jackson, MS 39201 or FAX to 601-359-1499

2. Candidates for countywide or county district offices should return form to their county Circuit Clerk.

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Receipt Detail

Contributor	Туре	Source	Date	Amount
Receipt-Non-Itemized	Monetary	Corporation	01/28/2008	\$2.00
Receipt-Non-Itemized	Monetary		12/08/2008	\$155.94

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## **Disbursement Detail**

Receipient	Purpose	Date	Amount
Matthews Cutrer & Lindsay	Accounting	02/01/2008	\$350.00
Disbursement-Non- Itemized		12/19/2008	\$100.00
Disbursement-Non- Itemized		12/23/2008	\$126.00
Disbursement-Non- Itemized		07/11/2009	\$21.00
Disbursement-Non- Itemized		08/25/2009	\$50.00